**BILL** # SB 1034 **TITLE:** children; medication; behavioral health NOW: behavioral health; children's medication

**SPONSOR:** Anderson **STATUS:** Senate Engrossed

**REQUESTED BY:** Senate **PREPARED BY:** Beth Kohler

	FISCAL YEAR			
	2003	2004	2005	
EXPENDITURES				
General Fund	\$-0-	\$-0-	\$-0-	

## FISCAL ANALYSIS

### **Description**

SB 1034 requires a physician prescribing psychiatric medications paid for with state monies to a child under 18 years of age, to obtain informed consent from the child's parent or guardian and to perform a medical evaluation of the child. In addition, the bill requires the physician to provide the child's parents with information about the child's condition or symptoms, details about the treatment (including expected results, side effects of, and alternatives to the treatment), the potential consequences of withholding treatment, the acknowledgement of potential unknown risks of the treatment, and the right to withhold consent. When psychiatric medications are prescribed for a child, the parents must also be given directions for and information about the medication. Finally, the bill requires the medication to be discontinued in a clinically appropriate manner if parental consent is withdrawn.

The bill specifies that these provisions do not apply to patients being treated for seizure disorders.

## **Estimated Impact**

The JLBC Staff estimates that this bill has no General Fund impact. Based on discussions with both the Department of Health Services (DHS) and the Arizona Health Care Cost Containment System (AHCCCS), this bill is codifying existing DHS practices. Therefore, there should be no additional costs for either department related to the provisions of this bill.

Both DHS and AHCCCS concur with this analysis.

# **Analysis**

Both the Title XIX and Title XXI (KidsCare) programs provide behavioral and physical health care for children meeting certain eligibility criteria. The Arizona Health Care Cost Containment System is responsible for costs associated with physical health care, while DHS is responsible for behavioral health care. AHCCCS contracts with health plans to provide physical health care, and DHS contracts with Regional Behavioral Health Authorities (RBHAs) to provide behavioral health services. Both AHCCCS and DHS use a capitation rate system to reimburse contractors for their costs.

DHS reports that current policy dictates that every child receiving behavioral health services should be referred to a physician for a comprehensive behavioral health evaluation, which includes a medical evaluation. In addition, DHS has indicated that RBHAs are already required to obtain informed consent and to provide the information outlined in the bill to parents of children receiving psychiatric medication. Any costs related to these provisions of this bill are already included in the capitation rates paid by AHCCCS and DHS. Both AHCCCS and DHS have confirmed that there should be no additional costs to the health plans or the RBHAs as a result of the provisions of the bill. Therefore, we believe the bill will not increase General Fund expenditures.

## **Local Government Impact**

None.